

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *11-111-111* | FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1/2					
4	2/1					
5	1/2					
6	2/1					
7	1/2					
8	1					
9	1					
10	1/2					
11	2/1					
12	1					
13	1					
14	1/2					
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